

## INSTRUCTIONS FOR COMPLETING MONTHLY ACCOUNTING OF ACTIVITIES REPORT, (MAAR)

HCCs should complete the following information:

- ♦ County name or Health District name
- ♦ The month and year for
- ♦ HCC's name
- ♦ Phone number, including area code

### **COORDINATOR TIME:**

- Line 1** Count all Mondays through Fridays for the month. Include weekdays that are holidays. Enter this number on line 1.
- Line 2** Enter total number of hours in your normal workday (7.5 or 8 hours).
- Line 3** The number of Mondays through Fridays (line 1) is multiplied by the number of hours in a working day (line 2). Enter this number on line 3. Line 3 equals the total available hours that can be worked for the month. Please note, this number may NOT be the actually number of hours you worked for the month.
- Line 4** Enter the total number of hours in the month that you did NOT work due to holidays or leave. This includes vacation hours, sick leave, inclement weather leave, leave without pay, or other types of personal leave.
- Line 5** Subtract line 4 (hours you did not work) from line 3 (total hours available for the month) to get the total hours you actually worked in the month. Enter the number of hours actually worked on line 5.

### **COORDINATOR ACTIVITIES:**

#### **CATEGORY I: CLIENT SERVICES**

- Line 6** **Client Contact:** Report the total number of *hours* dedicated to direct client contacts in the column on the right.

**NOTE: *Client contact hours should be at least 50% of the total hours actually worked.***

## TYPE OF CLIENT CONTACT:

The description of “one contact” is one letter, one phone call, one home visit, or one contact other than the ones identified, regardless of the number of children served during this one contact. (Example: If a home visit were made to one parent on behalf of his/her three children, this would equal one home visit contact.) Coordinators should indicate the number of contacts per activity type in lines 6a-e.

**6a. Letters:** Include the total number of letters mailed on behalf of eligible children. The number of hours involved in mailing the correspondence should be included in line 6. Only standardized letters approved by the State Health Check Program staff should be used.

**6b. ER Phone Calls:** Include the total number of phone calls regarding Emergency Room data and visits. This total included calls made or received by HCC.

**6c. All other Phone Calls:** Include the total number of phone calls with parents, guardians or children, either made or received by the HCC.

**6d. Home Visits:** Include the total number of home visits on behalf of eligible children. If no one is home, and you leave a note or letter specifically addressed to the parent or guardian, or a teen, containing information regarding the specific reason for the visit; this would be counted as one home visit. If the residence is vacant, or the family has moved, the attempted visit is not counted, but the time (number of hours) involved is included in line 6; Client Contact Hours.

**6e. Other\*:** Include the number of other contacts made on behalf of eligible children, which were not previously recorded. This would include children served in person, such as at another agency, at a health fair, or community event, etc., for the purpose of serving a specific Health Check eligible child. Describe the other client contacts in the space indicated \*6g. (ex. clinic visits-2 contacts and health fairs-3 contacts.)

**\*6f. Total Contacts:** Add lines a-e to get the “Total Number of Contacts”. If contacts were made several times on behalf of one eligible child, each of those contacts will count in this total.

**Line 7      Other Client-Related Activities:** These activities are related to the client, but do not involve direct contact with the client. The number of hours spent on each activity should be reflected on the lines for each type of activity. The total number of hours spent on other client-related activities should be reflected in the column on the right. The activity types are defined as:

**7a. Client Advocacy and Referrals:** Include all time spent contacting individuals/agencies on behalf of a client. Arranging or scheduling services, arranging transportation, contacting a physician's office, health department, hospital, DSS, day care center, etc. for a specific client.

**7b. AINS/Ad-hoc Reports:** Include the number of hours spent running ad-hoc reports and working with AINS.

**7c. Charting Client Contacts:** Include the time you spent charting on paper client contacts.

**7d. Other\*:** Total hours spent on all other types of client contacts should be recorded here.

**\*7e.** Please provide a brief description of the type of contact.

**Line 8**      **Subtotal Client Activities:** Add the total number of hours for activities in the Client Services Category (Add lines 6 and 7).

**NOTE:** *This should be at least 75% of the "Total Hours Actually Worked".*

## **CATEGORY II: OUTREACH**

**Line 9**      **Provider Outreach:** Enter total hours spent contacting providers for the purpose of outreach, **not Client Advocacy**. These contacts are to provide information about the Health Check (Line 9a.) or Health Choice (Line 9b.) Programs Providers include medical care providers, including pediatricians, family practice physicians, specialist, nurse practitioners nurse midwives, hospitals, community, rural, migrant or Indian health centers, health departments, dentists, etc.

**Line 10**      **Community/Client Outreach:** Enter hours spent contacting representatives of community groups and organizations such as church groups, civic groups, neighborhood or community groups, parents group, etc., for the purpose of informing about Health Check (10a.) or Health Choice (10b.). Also include time spent presenting programs and staffing exhibits, tables, booths at health fairs, shopping centers, conferences, etc.

**Line 11**      **Subtotal of Outreach Activities:** Add line 9a, Provider Outreach and line 10a, Community/Client Outreach. Add line 9b and line 10b. Include the results as line 11a; and 11b, Subtotal of Outreach Activities.

**Health Check or Health Choice Note:** *Since the Health Check and Health Choice Programs are marketed together, only list Health Choice activities if you were solely conducting outreach on behalf of the Health Choice Program. If you were conducting outreach on behalf of Health Check or both programs, the activity should be accounted for under Health Check.*

**CATEGORY III: OTHER**

- Line 12**     **Non-Client Related Health Check Activities:** Enter the amount of time spent each month on activities not related to the client, but related to the Health Check or Health Choice Program. Examples could be providing or receiving Health Check or Health Choice training or conducting other activities that are not client related and has not been included in previous activity categories. These activities could include time completing the MAAR Form (12a.), attending workshops or conferences, and meetings directly related to the Health Check or Health Choice Programs (12b.), and preparing for, or attending a Health Check Site Visit (12c.). Please indicate the hours per activity in the space provided next to each activity listed. If hours are accounted for in the "Other" (12d.) line item, please provide a brief description of the activity at line 12e.
- Line 13**     **Non-Program Related Activities:** Enter the time spent during the month on any other activity not listed in the activity categories above. This should include activities not related to Health Check or Health Choice such as attending general staff meeting (13a.) or meetings on personal safety or insurance plans. If hours are accounted for in the "Other" (13b.) line item, please provide a brief description of the activity on line 13c.
- Line 14**     **Subtotal of Other Activities:** Add lines 12 and 13 to obtain the "Subtotal of Other Activities."
- Line 15**     **Total Hours Actually Worked:** Add the total number of hours in each category (lines 8+11a+11b+14) together for the "Total Hours". Enter total in the column on the right.
- NOTE:** *This total number of hours must be the same as the number of hours on line #5.*

**SIGNATURES**

Both the HCC and the Supervisor must sign and date the MAAR Form.

**NOTE: The MAAR Forms are due to the Health Check Unit, DMA by the 10<sup>th</sup> day of each month. If unable to complete the MAAR by the deadline, notify the State Health Check Staff of the delay. MAAR Forms may be mailed or faxed to DMA.**

**Mail MAAR Forms to:**

DMA  
Health Check Unit  
2516 Mail Service Center  
Raleigh, NC 27699-2516  
COURIER 56-20-06

**Fax MAAR Forms to:**

(919) 715-5235  
ATTN: Health Check Consultant